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Rural District of South
Westmorland

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1963

KENDAL

TITUS WILSON & SON, LTD.

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Kendal 1296.

Stricklandgate House,
P.O. Box 18,
Kendal.

*To the Chairman and Members of the Rural District Council
of South Westmorland.*

SIR, LADIES AND GENTLEMEN,

I have the honour to submit to you my Annual Report upon the health of the Rural District for the year 1963.

I wish to acknowledge the help and ready co-operation of my colleague the County Medical Officer of Health, and also the assistance afforded to me by the local general medical practitioners.

I am indebted also to the Chief Public Health Inspector and his staff for the spirit of teamwork which exists in my department, and for the fund of local knowledge which they have laid at my disposal.

I have the honour to be,

Sir, Ladies and Gentlemen,

Your obedient servant,

FRANK T. MADGE,

Medical Officer of Health.

NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

Area of the Rural District in acres	151,007
Population at 1961 Census	18,849
Population (Registrar-General's mid year estimate)...	19,150
Inhabited houses	6,452
Rateable Value	£567,501
Product of a Penny Rate	£2,290
Rate in the Pound levied	8/10d.
of which the County Rate was	6/11d.

The Rural District of South Westmorland is a pleasant rolling countryside which rises from sea level in the south to nearly a thousand feet in the north. The shore-line extends for about 14 miles along the estuary of the River Kent, flat and marshy in the north, but with picturesque wooded slopes on the south.

The District is divided into three main valley areas by the two ridges of Scout Scar and Killington, which run north and south across the centre of the southern portion of Westmorland. On the west lie the Winster and Lyth valleys, in the middle lies the valley of the Kent, and on the extreme east lies the Lune Valley.

The dividing ridge of Scout Scar is sharp and barren, but the larger watershed which runs from Hutton Roof in the south to Whinfell in the north is rolling upland more suitable for agriculture. In the extreme north of the District is the high barrier of the central massif of Westmorland. These geographical features determine the natural lines of communication and therefore the spread of infectious disease.

The geology of the Rural District is sharply divided by the great fault which runs from Kendal in the north to Burton in the south-west and Kirkby Lonsdale in the south-east after branching near Crooklands. The country to the north-east of this fault consists of Kirkby Moor Flags in the Upper Ludlow Series of the Silurian System, with appreciable deposits of glacial drift. The rocks to the west of the fault are carboniferous limestones, with some of the Yoredale Series in the extreme south. The valleys contain some alluvial deposit and some glacial drift. These geological characteristics are of great significance in the supervision of water supplies, sewerage and occupational disease as well as affecting the economics of the District.

The climate is mild and equable, though invigorating on the uplands. The valleys are sheltered from the prevailing westerly winds, and their southern aspects provide full access to sunshine. Temperature gradient inversions are occasional in spring and autumn but are soon dispelled in the mornings. The rainfall varies between 40 and 50 inches a year

and light falls of snow may be expected for one or two weeks in the late winter.

The District is mainly agricultural in character and many of the small local industries and crafts are ancillary to agriculture. There are also the following industries which provide much employment and bring prosperity to the villages: paper and woollen mills, stone and diatomaceous earth quarries, factories for making combs, mats, cardboard boxes, photographic materials, furniture, and tarmacadam, wood turning, tinned foods, and milk depôts.

In addition to these local industries the District receives seasonal tourist business at Arnside, Kirkby Lonsdale, and those northerly parts of the area which lie within the Lake District. The variety of these opportunities for local employment has stopped the drift from the countryside and has kept South Westmorland happily free from unemployment which is a most important factor in the maintenance of public health.

COMMITTEES.

The Minister of Health requires me to include a list of your Council's committees which are concerned with matters of public health.

The Public Health Committee deal with the principal matters, but there are other aspects of public health importance which are dealt with by the Engineering and Housing Committees.

When the Lakes and Lune Water Board assumed responsibility for the public water supplies, the remaining functions of the Water Committee were transferred to the Health Committee, and possibly to certain other Committees as appropriate.

STAFF.

Name.	Qualifications.	Office.	Whole or Part Time.	Other Offices.
Madge, F. T.	M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	Medical Officer of Health	Part	M.O.H. Combined County Districts of Westmorland
Ball, G. H.	M.A.P.H.I., M.R.S.H.	Chief Public Health Inspector and Housing Manager	Part	Building Surveyor
Aldersley, W. H.	M.A.P.H.I.	Deputy Public Health Inspector	Whole	
Shepherd, D.	F.A.P.H.I., F.F.S.	Additional Public Health Inspector	Part	Public Health Inspector to Windermere U.D.C.
Moss, H.	—	Clerk	Whole	—
Beveridge, K. A.	—	Clerk	Whole	—
Machell, B. M.	—	Clerk to Medical Officer of Health	Part	Clerk to M.O.H. Combined County Districts of Westmorland

Staff Changes.

There were no staff changes during the year.

VITAL STATISTICS.

The following extracts are made from information supplied by the Registrar-General with figures for 1962 for comparison.

Area of the District in acres 151,007

	1962	1963
Estimated civilian population (mid year) ..	19,110	19,150
Live Births. Legitimate— males	122	131
females	123	133
Illegitimate— males	7	5
females	9	7
Total	261	276
Crude Rate per 1,000 population	13.7	14.4
Corrected Rate per 1,000 population	14.9	17.6
Birth Rate for England and Wales	18.0	18.2
Illegitimate Birth Rate per 1,000 live births.	61.3	43.5
Still Births. Legitimate— males	6	4
females	—	3
Illegitimate— males	—	—
females	1	—
Total	7	7
Total (live and still) births ..	268	283
Rate per 1,000 total (live and still) births	26.1	24.7
Rate for England and Wales ..	18.1	17.3
Deaths. males	99	117
females	99	129
Total	198	246
Crude Rate per 1,000 population ..	10.4	12.8
Corrected Rate per 1,000 population	9.25	11.4
Rate for England and Wales ..	11.9	12.2

	1962	1963
Infantile Deaths (under 1 year)		
Total deaths under 1 year.. ..	5	4
Rate per 1,000 live births	19.2	14.5
Rate for England and Wales	20.7	20.9
Legitimate	4	4
Rate per 1,000 legitimate live births	16.3	15.15
Illegitimate	1	—
Rate per 1,000 illegitimate live births	62.5	—
Neonatal Deaths (under 4 weeks)		
Total neonatal deaths	4	2
Rate per 1,000 live births	15.3	7.2
Rate for England and Wales	15.1	14.2
Early Neonatal Deaths (under 1 week):		
Total early neonatal deaths	3	—
Rate per 1,000 live births	11.5	—
Perinatal Mortality		
Stillbirths and deaths under 1 week.. .. .	10	7
Rate per 1,000 total (live and still) births	37.3	24.3
Rate for England and Wales	31.1	—
Maternal Mortality:		
Total Deaths	1	—
Rate per 1,000 total (live and still) births	3.7	—
Rate for England and Wales	0.35	0.28
Deaths from certain causes:—	1962.	1963.
Cancer	37	36
Measles	Nil	Nil
Whooping Cough	Nil	Nil
The main causes of death were:—		
Heart Disease ... ..	...	107
Vascular lesions of nervous system	...	39
Cancer ... ..	...	36

COMMENTARY ON THE VITAL STATISTICS.

Population.

The population at the 1961 Census numbered 18,849 persons, comprising 9,209 males and 9,640 females, an increase of 1,073 since the 1951 Census. This very vigorous growth of about 6% in ten years now makes you the county district with the largest population in Westmorland, you have overtaken Kendal Borough by a margin of 250 persons.

This increase of 1,073 in the ten years has been achieved almost equally between natural reproduction and immigration. There were 512 more births than deaths, and a net balance of 561 immigrants.

Before the second World War you were a declining community, not only showing less births than deaths, but also drifting steadily each year out of the countryside. Since the war this trend has been steadily reversed, and you have helped to increase your population by your own reproduction and I hope this encouraging sign will continue. I believe that the setting up of a better basis for agriculture in the national economy has checked the drift from the countryside, and has encouraged your young folk to renew their faith in country life by settling down and undertaking the responsibility of a family.

We have a much higher proportion of elderly people in our community than in most other districts. The average percentage of people over 65 years of age in England and Wales was 11.9% at the 1961 Census, and the average for Westmorland was 14.9%; South Westmorland Rural District had the higher figure of 15.2%.

In more practical terms, out of our local population of 18,849 we had 2,867 people over 65 years of age. 1,752 were women and only 1,115 were men. In fact 18% of all the women in the Rural District were over 65 years of age.

But in these days, the 65th birthday is becoming a derisory landmark for accepting the label of old age. Perhaps 75 might be more realistic for easing up on the rough and tumble of an active life. We had 1,150 people over 75 years old in our District: most of them hale and hearty. 158 were over 85 years old, and 31 were over 90.

Nevertheless, it means that the younger age groups will have to keep awake to provide the community support which elderly people need to make their survival achievements worthwhile.

Our proportion of children in the community was about the same as the national average of 23% under 15 years of age. Our boys outnumbered the girls by 357 out of the whole 4,347 in the age group. The 1961 Census showed quite a nice balance between the sexes throughout the more popular marriageable ages.

Alongside the natural fecundity of the population and its residential attractiveness to immigrants, there has been a parallel increase in the number of houses. During the ten years between the 1951 and the 1961 Census, the Rural District had a net increase of 853 houses, even after a lot of old cottages had gone out of use. Altogether there were 4,878 more occupied rooms in 1961 than there were ten years earlier: a much more comfortable state of affairs after the rather cramped conditions in the immediate post-war years.

These long-term trends demonstrated by the ten-year Census system are particularly valuable here, because a proper perspective cannot be obtained by considering merely one year's changes. It is the general trend of population which is important for the planning of your future housing, water and sewerage requirements, and for the broader issues of the economic prosperity of your District.

But people are not static. The social pattern is more complex than knowing simply where people live. At the time of the 1951 Census it was discovered that only about 55% of the inhabitants of Westmorland had actually been born in the County, and that most of the invaders had come up from Lancashire. The 1961 Census threw no further light on this phenomenon, but I suspect that the present-day facts are much the same.

The 1951 Census also showed a daily tidal flow of 2,195 people in and out of your Rural District, being made up of 1,349 residents who went to work elsewhere, and 846 outsiders who came into South Westmorland by day. Three-quarters of our own commuters went into Kendal and the others travelled into Lancashire. On the other hand Kendal sent 570 of its residents out into our Rural District to work, and the rest of our daily immigrant labour came from Lancashire and other foreign parts.

Although the 1961 Census did not provide fresh data on daily tidal flows, I imagine that the current position is still much the same. The rigidity of housing policies between local authorities, and the financial factors which have operated in private enterprise housing, have tended to perpetuate commuting. Whatever may be the personal hardships of daily travelling, this population movement offers a compensating glimpse of broader horizons and a wider range for the choice of marriage partners. It is also of great significance in affecting the public health.

Death Rate.

Your corrected death rate was below the national average, but I attach no particular significance to that fact.

Birth Rate.

Your birth rate fluctuates around the national average, with a tendency to rise.

Stillbirth Rate.

This showed a rather high figure once again. It needs watching.

Perinatal Mortality

There is often not much difference between the cause of a baby dying in the first week of its life and the cause of a stillbirth. Sometimes it is a matter of chance whether such a baby dies before delivery or after. So we now add the number of stillbirths to the number of babies dying in their first week, and we call it the perinatal mortality: in popular language, the deaths which happen around the time of birth.

Anyway, the perinatal mortality statistics include most of the fatalities which are caused by abnormalities of the baby as it develops in the womb. Some of those may be due to the mother catching infections during a critical phase in her pregnancy; or more rarely to drugs: or more commonly to some genetic factor. The statistics include the fatalities which are caused by toxæmias of pregnancy and accidents within the womb. The mechanical stresses and strains of delivery, the attention given to the new-born child, the blood peculiarities, and even the risks of accident and infection in the first week of life, are all included factors. So the perinatal mortality rate is perhaps better regarded as a measure of obstetric achievement. What happens to a live baby in its first week depends to a great extent on what has happened to it before delivery.

There are some signs of hope that science may be able to prevent certain types of developmental abnormalities, and it is clear that the increased availability of obstetrical specialists will help to reduce the number of neonatal deaths. An advisory obstetric committee has been set up in Westmorland to co-ordinate the functions of the three divisions of the health service involved in midwifery, and to investigate the causes of stillbirths and infant deaths. Its second Triennial Report was published during 1962.

Maternal Mortality.

There were no maternal deaths.

PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES.

Public Health Act, 1936. Sections 143-170.

National Health Service Act, 1946. Part III.

The general incidence of illness can be assessed by the weekly number of new claims for sickness benefit at our local National Insurance offices. A logarithmic graph of those figures shows a regular seasonal pattern over the years, and any variations are usually worth investigating. The general level is some measure of the local community health.

It is pleasing to record that the notification of infectious disease has much improved in recent years, and I am very grateful to my colleagues in general practice for their prompt help in this respect. I look upon the control of notifiable diseases as one of the most important duties of our department.

Measles was the main feature of 1963. It started slowly in the Milnthorpe and Heversham area at the beginning of the year, and flared up into a sharp epidemic there during February. It then spread out up the Lyth Valley and to the villages around Kendal in the spring. Staveley and the Lune Valley got it in early summer, and then measles had run its periodic course in the Rural District. It passed over the Borough boundary into Kendal and set up an epidemic which lasted there for the rest of the year.

Although we did not have any recurrence of the 1962 typhoid fever, there were two cases in Kendal which turned out to be the identical type to our Whinfell outbreak. I think that we still have one or more typhoid carriers lurking somewhere around our District. We carried out an intensive swabbing investigation of watercourses and drainage systems during 1963 in the Whinfell and Grayrigg area. We found the route of certain underground streams and springs, with green dye tests, and we unmasked some foul drainage dangers. But we have not yet found a typhoid carrier. We shall continue our tests as time and other duties permit, and we shall have to keep our fingers crossed against typhoid fever breaking out once more.

Mountain Accidents.

Accidents on our mountains are of a special hazard in the Lake District, and your northern areas around Kentmere and Longsleddale

NOTIFIABLE DISEASES TABLE.

	Total	Ages												Admitted to Hospital	Deaths
		-1	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	65-		
Measles	349	3	18	33	32	44	177	26	10	4	1	1	-	-	
Whooping Cough	4	-	-	1	-	1	2	-	-	-	-	-	-	-	
Dysentery	1	-	-	-	-	-	1	-	-	-	-	-	-	-	
Acute Pneumonia	5	-	-	-	-	-	-	-	-	-	-	3	2	-	
Food Poisoning ..	1	-	-	-	-	-	-	-	1	-	-	-	-	-	
TOTAL	360	3	18	34	32	45	180	26	11	4	1	4	2	-	

are no exception. A regular toll of death and suffering happens every year. Most of those accidents are preventable, and they mostly affect our visitors.

The inexperienced, the unlucky, and the foolhardy fall out of crags while rock-climbing, lose themselves in the dark and the mist and the snow. The physically unfit die of exhaustion, exposure, and the heart-attacks which catch up with them sooner than need be. The suicides make their last gesture to the emotional appeal of the mountains.

Someone has to turn out to look for them, and rescue them, and bury them. A magnificent local organisation of search and rescue teams has been built up in the District to meet these demands. But we wish that trade might not be so brisk.

A campaign for the prevention of mountain accidents has been organised not only in your District but also back into the big towns from which our visitors come, and to a wider audience on the radio and television. We hope it may help.

TUBERCULOSIS.

Tuberculosis is one of the most important communicable diseases of our time. Its prevention is primarily dependent upon social and economic factors in the general community, and secondarily upon the management of the established case. Your Council's functions are threefold; to investigate the source of infection, to prevent the spread of infection and to remove conditions favourable to infection.

One of the most effective ways of finding the sources of infection is mass radiography. The mobile units of the Manchester Regional Hospital Board visit our area periodically and I should like to see many more of our local population take advantage of this valuable service. It not only detects pulmonary tuberculosis at the most favourable time for a cure, but it also provides an early warning against many other chest conditions, lung cancer, and certain heart diseases.

Preventing the spread of infection is helped by prompt treatment and supervision. Waiting time is nowadays very short for admission to hospital, and modern drugs achieve most promising results for returning the patient to a useful working life.

It is equally important to discover the non-active cases of tuberculosis, so that we can do all in our power to prevent them breaking

down into an infectious state. So too with cancer of the lung, in order to secure the best chance of operative treatment.

During the spring of 1961 we had another of the periodical visits of the Mass Miniature Radiography Unit of the Manchester Regional Hospital Board. Only those over 15 years of age were accepted for X-ray examination in this survey.

The Unit visited the following places in our District: Arnside, Bela Prison, Burneside, Burton, Holme, Kirkby Lonsdale, Milnthorpe, Staveley, and Summerlands. A total of 2,245 people were examined in those nine places.

In our District, three cases of pulmonary tuberculosis needing close medical supervision were discovered, and three others who needed occasional supervision. Twelve cases of heart abnormalities were also found. It was a very worthwhile visit.

Over the whole of the southern half of Westmorland 11,206 persons were X-rayed, and resulted in the discovery of thirteen previously unsuspected cases of pulmonary tuberculosis needing close medical supervision. This is rather a high rate for a predominantly rural region, being 1.8 per thousand, as against 0.97 per thousand at the previous survey in 1957. All these thirteen cases needed either close clinic supervision or treatment in hospital.

Our District can expect a fullscale visit by the Mass Radiography Unit about every four years, but there is now a yearly visit to Kendal Borough which attracts some of our nearby population.

We were able to take advantage of the 1963 Kendal visit to ask the Mass Radiography Unit to make a special trip to one of our rural parishes where there had been a small explosive outbreak of pulmonary tuberculosis among the schoolchildren. Intensive screening of contacts had already been done during the routine follow-up of clinical cases, but we wanted to have the extra precaution of offering public x-ray facilities actually in the village. The local response was very good and I am happy to report that no more active cases of tuberculosis were discovered.

The X-ray results are communicated to the patients' family doctor if there are any abnormalities, and so the findings can best be explained to the individual if any treatment seems needed.

Such discoveries more than justify the visits of the Mass Radiography Units to our area at regular intervals. I think that we should do all we can to make really excellent arrangements for their reception in our villages, and encourage our local people to turn up in full force for their chest X-rays.

TUBERCULOSIS TABLE.

Age Periods	NEW CASES				DEATHS			
	Respira- tory		Non-res- piratory		Respira- tory		Non-res- piratory	
	M	F	M	F	M	F	M	F
0 ..	—	—	—	—	—	—	—	—
1 ..	—	—	—	—	—	—	—	—
5 ..	1	7	—	—	—	—	—	—
15 ..	1	1	—	—	—	—	—	—
25 ..	1	—	—	—	—	—	—	—
35 ..	—	—	—	1	—	—	—	—
45 ..	2	—	—	—	1	—	—	—
55 ..	—	1	—	—	—	—	—	—
65 ..	2	—	—	—	1	—	—	—
Total ..	7	9	—	1	2	—	—	—

Four respiratory and one non-respiratory cases were transfers from other areas.

The number of tuberculosis patients at the year end were:—

		1962.	1963.
Respiratory	...	47	53
Non-Respiratory	...	5	6
		—	—
		52	59
		—	—

The Hospital Services.

National Health Service Act, 1946. Part II.

Our District lies in the area of the Manchester Regional Hospital Board, and most of the general need of our local people have

historically been met by the Westmorland County Hospital at Kendal. Some of the more specialised services have always had to be referred to more distant centres. That has always been understood and accepted by our local community.

But in recent years there have been signs that our local folk may be forced to rely more and more on Lancaster, and less on Kendal. Some people think that Westmorland risks being left rather ill served if the hospital services concentrate themselves on distant Lancaster and Carlisle. There is a lot of territory in between, and public transport communications are not at all easy for out-patients and visiting relatives to get to those hospitals and home again the same day.

With the publication of the Government's Hospital Plan and the consequent press comment and political pressures, the Regional Hospital Boards became noticeably much more sensitive to public opinion. There are a lot of local questions to be settled: some have been answered for the time being: some are being argued out now: some will have to be soon.

For example, in 1961 we obtained the assurance from the Manchester Regional Hospital Board that Helme Chase should continue as a general practitioner maternity home, and that some obstetric consultant services should continue to be available in Westmorland. Public sentiment seemed to be particularly strong about preserving some maternity beds in a place where the local women wanted them.

Under very critical review at the present time is the Manchester Regional Hospital Board's policy for providing geriatric and chronic sick beds in the Kendal neighbourhood. There are three main points at issue: the state of the present hospital buildings at Kendal Green, the total number of geriatric beds locally, and the long-term future provision of chronic sick and geriatric beds within the Borough of Kendal or its very close vicinity.

These hospital problems are just as much a matter of environmental public health for our own Local Authorities as they are administrative exercises for the Regional Hospital Boards. I believe that it does matter very deeply where our old folks are looked after when they fall ill: somewhere where they will go cheerfully, keep in touch with home: not just swept away out of sight. I believe that relatives and friends should easily be able to visit the hospital: to leave their homes running for the short time while they are out: not to spend hours and hours travelling on the scanty rural bus services and curtailed railways, coping with darkness and winter weather, weariness and worry.

So too, it behoves us to keep a watchful eye upon the future exist-

ence and functions of the Westmorland County Hospital, and the services which we can obtain there; and upon Meathop Hospital and the Ethel Hedley Hospital. We cannot afford to sleep in at a time when radical changes are being discussed out of earshot across our borders. I believe that Westmorland deserves a lot of extra thought and care in planning the hospital services: and it seems worthwhile going on saying so.

Hospital and Ambulance Arrangements for Infectious Diseases.

National Health Service Act, 1946. Parts II and III.

Hospital accommodation for infectious disease is provided by the Manchester Regional Hospital Board at Beaumont Hospital, Lancaster, a modern and well-equipped building within easy reach of this area under modern transport conditions.

Smallpox cases will be admitted to the Ainsworth Smallpox Hospital near Bury.

Ambulance transport for cases of infectious diseases is provided by the Westmorland County Council and is based in Kendal.

Disinfection Arrangements.

Steam disinfection of suitable articles has been available in the Borough of Kendal. In the more scattered parts of the District reliance has to be placed upon disinfection with formaldehyde.

HOUSING.

Under the Housing Acts your Council has a duty to consider the general housing conditions in your district, to ascertain whether any are unfit for human habitation, and to assess the need for further houses. You have powers to deal with unfit houses, powers to provide new houses for all classes, and various powers and duties in the management of your Council's estates. Good housing conditions are an integral part of public health.

Present Housing Position.

There were 6,452 inhabited houses at the end of the year. With an estimated population of 19,150 the average number of persons per house is 2.8, which is not a high figure. There were no cases of legal overcrowding within the strict definition of the Housing Act, which assumes that living rooms are used for sleeping purposes and that sexes can be segregated irrespective of age, health or family relationships.

At the time of the 1951 Census there were 5,150 private households living in 5,058 structurally separate dwellings. By the 1961 Census

these figures had increased to 5,918 private households, living in 5,911 structurally separate dwellings. A vigorous expansion in ten years.

A lot of houses in the Rural District are occupied by only one or two persons. The 1961 Census revealed that 816 houses contained only one occupier, and that another 1,735 houses had only two people living in them. Thus over a third of all the houses in the District would seem to be under-occupied for their size.

General Progress of Slum Clearance and Improvements.

Westmorland as a whole has made very encouraging progress in post-war slum clearance despite all the difficulties of the times. Since the campaign was resumed in 1948 well over 1,100 houses in the County have been dealt with by formal action under the Housing Acts. Most of these will eventually be demolished or converted to trade use, but some of them have been reprieved by their owners undertaking to spend considerable money for comprehensive reconditioning up to modern standards.

In addition to those formal actions there have been a very creditable number of informal schemes for the renovation of substandard houses, either with the aid of improvement grants or entirely by private enterprise. The aim is to save a house wherever possible, but if it cannot be brought up to an acceptable standard of safety, decency and amenity, the sooner it is swept away the better.

The Housing Repairs and Rents Act, 1954, required your Council to declare their proposals for dealing with sub-standard houses. You resolved to deal with the estimated 250 unfit houses within the ensuing 10 years. The programme was divided into two five-year periods, ending respectively in December 1960 and 1965.

Excellent progress was made during the first five-year programme. When the Minister called in Circular 2/60 for the reassessment of all second five-year programmes, your Council were able to declare that their slum clearance task will be completed within the time limit of 31st December, 1965.

Much of our good fortune was due to the fact that your Council got a flying start with slum clearance after the war. In fact we had already undertaken 171 actions between 1945 and 1955 before the Minister called for the declaration of a statutory programme. Of course there will be other houses deteriorating with the passage of time, but at the moment we can say with justifiable pride that we have got well on top of slum clearance.

But disregarding the artificial divisions into various statutory programmes, it is more realistic to ask the simple questions: what was our total post-war task, and how have we got on with it?

The answer is that our task was to deal with 616 substandard houses, composed of 486 Class 5 houses listed in the 1945 Rural Housing Survey, plus 130 more houses which deteriorated into unfitness since then. And here is a table to show how we are getting on:—

Actions fully completed.							
Formal	...	...	...	...	...	...	249
Informal	...	...	...	...	...	...	225
Actions still in progress.							
Formal	...	...	...	...	...	...	58
Informal	...	...	...	...	...	...	18
Reassessed fit	...	...	...	...	...	...	62
Outstanding task	...	...	...	...	...	...	4
							616

Most of the 76 actions still in progress are well on their way towards completion. Some of the houses cannot yet be demolished because they adjoin others which are still occupied. Some are awaiting the rehousing or death of the present tenants.

The houses which were reassessed as fit for habitation were saved because of a change in the legal criteria. The old assessments were made under Section 188 of the Housing Act, 1936, by comparison with the Building Byelaws, and the standards for Class 5 under the Rural Housing Survey of 1945. The present assessments were made under Section 4 of the Housing Act, 1957. The change involved certain technical points, but its effect was to upgrade some sixty houses in our District.

But the most astonishing and welcome feature has been the great number of houses which have been reconditioned informally. About 200 of them have been saved from condemnation. That is a tribute to the enthusiasm and persuasion of the Public Health Inspectors who have inspired property owners to rescue their cottages, with the aid of grants from your Council, and guided them into the ways of making a decent job of the work. I think also that it has made a valuable contribution towards preserving the architectural charm of our countryside.

The following paragraphs in this slum clearance section analyse the actions taken during the current year, and are mainly for record purposes.

Closing Orders.

Housing Act, 1957. Section 18.

One closing order was made during the year. There were 42 closing orders in force at the year end, and included in this figure were 10 orders which have not yet been complied with and are still houses in occupation.

Undertakings not to use for Human Habitation.

Housing Act, 1957. Section 16.

One formal undertaking was accepted by your Council during the year. At the year end the number of such undertakings in force was 75, and 17 of these houses were still occupied.

Undertakings to Perform Works.

Housing Act, 1957. Section 16.

No undertakings were offered during the year. The number outstanding at the year end was nine.

Demolition Orders.

Housing Act, 1957. Section 16.

Seven demolition orders were made during the year. At the year end there were 14 cases outstanding, seven houses being still occupied.

Clearance Areas.

Housing Act, 1957. Section 42.

In 1955 I made an Official Representation against a small area at Bridge End, Old Hutton, a jumble of decaying property on a site where satisfactory reconditioning would be both difficult and costly. Formal Inquiry was held during 1956 by the Minister of Housing and Local Government into your Council's clearance order, and the latter was confirmed with modifications to exclude certain premises. At the year end one of the houses at Bridge End was still occupied by a very old lady. Your Council have been reluctant to disturb her against her wishes, but she is holding up the demolition of the whole block.

Improvement Grants.

Housing Act, 1957.

If the process of natural decay is not allowed to go too far there are often opportunities for reconditioning to modern standards. The Housing Act, 1957, offers considerable financial aid to owners for reconditioning houses. I hope that full advantage will be taken of these opportunities so that houses will not be unnecessarily lost and the architectural traditions of the district may be maintained.

The administration of this Act has taken up much time but considerable progress has been made.

Up to the end of the year 397 applications had been made for Discretionary Grants, and 311 were completed. Standard Grant applications totalled 155, of which 120 were completed.

Altogether £79,762 has been paid in those grants over the whole period of their availability up to 31st March, 1964.

Housing Building Progress.

Since 1948 your Council have built 765 houses, and another 730 houses have been put up by private enterprise.

Your Council completed four houses and 16 flats during the year. Private enterprise completed 111 houses in the same period. Conversions in existing houses produced 14 additional units.

Estimated Requirement for New Houses.

Housing Act, 1957. Section 91.

At the end of the war in 1945 your Council made an estimate of how many new houses might be needed in the foreseeable future. The picture was known to be complicated by overspill from Kendal Borough, by migration in and out of our own District, and by the uncertainties of the local building resources. We guessed 1,100 new houses for the fifteen to twenty years ahead. It was an under-estimate.

Now we can look back some eighteen years and see that, including conversions, more than 1,500 new homes have already been created by the combined efforts of your Council and private enterprise, in roughly equal shares. That has been an excellent achievement, and some measure of what can be done with local resources.

In the light of that experience we can now look forward a bit further into the future. The clamour for more new homes is still going on in South Westmorland. For Council houses alone there are 278 families on the waiting list, and another 30 in slum clearance lists. Private enterprise is still under pressure to build new houses and

convert old buildings. I reckon that the total current demand is for about 500 additional homes.

But the demand is perhaps not quite the same thing as the need for houses. I have already drawn attention earlier in this report to the gross under-occupation of existing houses in South Westmorland, which was revealed by the 1961 Census. There are other significant factors to take into account.

South Westmorland Rural District and Kendal Borough cannot disregard each other's housing policy and achievements. The figures for the dormitory use of South Westmorland were set out in the vital statistics section of this report. How many of the thousand commuters actually travel unwillingly is anyone's guess, but I am sure that some of them would live in Kendal if they could get a house there.

If Kendal Borough does not expand fast enough, the pressures will remain noticeable in the surrounding Rural District. On the other hand, if Kendal attracts too many commuters back, your District may feel the effect. No doubt their places would soon be filled by people flooding over the county boundary from Lancashire and Yorkshire.

This element of economic dependence on Kendal was underlined by two recent Conferences to discuss matters concerned with local employment and the housing needs of the employees of local industries. Representatives of the Ministry of Labour, the Board of Trade, the Westmorland County Council, your Rural District Council, Kendal Borough Council, and the Kendal Incorporated Chamber of Commerce and Manufactures met in May 1962.

The Ministry of Labour pointed out that this area enjoyed one of the lowest unemployment rates in England, with a chronic shortage of labour, and several job vacancies for every applicant who was fit to apply for such work. These jobs had been widely advertised in other parts of the country but they were not attractive unless housing could be guaranteed.

The Board of Trade was not prepared to sanction the issue of any more certificates for industrial development in Kendal and district area, on account of the insufficient housing accommodation in the locality.

A further joint Conference was held in November 1963 at which both Kendal Council and South Westmorland Rural District Council declared that they were not prepared to build houses specifically for occupation by industrial workers. Private employers were advised to help themselves by forming their own Housing Associations.

That industrial dilemma affects mainly those parts of South Westmorland Rural District which lie on the outskirts of Kendal or are within convenient commuting distance by motor-car or bus. But there is a wider question which has to be asked. How far is it desirable that our Rural District should be economically dependent on Kendal?

If a more self-reliant economic policy is to be favoured, it will have to be reflected in the future housing policy for the next ten or twenty years in South Westmorland. There are a lot of factors to take into consideration. I have mentioned some of them in this report because I believe that one cannot divorce public health from the ways in which our own folk keep a roof over their heads and bread and butter in their mouths.

The Special Needs for Old People.

When we were pressing the Regional Hospital Board to establish a goodly number of geriatric beds in the Kendal vicinity to meet the needs of our South Westmorland patients, we were reminded of our corresponding responsibility to provide sufficient and suitable houses for our own folk to go home to when they come out of hospital. They have a right to come back into the community. The hospital should have a two-way door.

I believe that there is justice in this argument. As a doctor, I endorse the idea that a hospital should be a place to go to for treatment, to be made well again, not simply a dumping ground for old folk who can no longer cope with the day-to-day difficulties of struggling along in substandard or unsuitable houses, particularly in the more rural areas.

Both your Council and various charitable organizations have done a lot of good work in providing special houses for the elderly, but a lot more needs doing to keep pace with the increasing proportion of old people in the community.

I suggest that purpose-designed bungalows and ground-floor flats are still much needed, with low fittings, handrails, lever door-handles, easy gradient steps, and suchlike special aids for the elderly.

Although it is desirable to find sites in the level and more accessible parts of our District, I believe that the internal design of the home is even more important. That is where the elderly citizens will spend most of their time. That is where we have the duty of helping them to make the best of life, and to overcome the increasing physical limitations of growing old.

I believe, furthermore, that the time has come to provide groups of semi-dependency type houses for old people, with a resident welfare warden available in case of need. The degree of provision of communal facilities for laundries or guest-rooms would be a matter of detail for decision in design. I am more concerned with the principle. It would relieve the burden on geriatric hospital beds, and upon the Welfare Hostels, besides conferring the gesture of at least semi-independence to the elderly folk in our villages. I would recognize their dignity. I urge you to think on these lines.

Where People Wait.

An interesting analysis was made of the waiting list in November 1963. There were 278 applicants for Council houses at that time.

190 families, or 68% of the list, were already living within your Rural District. They either wished to better their houses or to escape from living with their relatives.

50 families, or 18% of the list, were living in Kendal Borough. I cannot help wondering how many of them could be exchanged with South Westmorland residents who want to live in Kendal. Perhaps they have never discovered a way of meeting each other, or maybe they prefer to keep their names on both authorities' waiting lists.

38 families, or 14% of the list, were living somewhere else. No doubt there are yet more people who would like to live in South Westmorland but who do not reckon their chances are worth an application.

These are only crude statistics, but when they are added to last year's inquiry into why people who wish to move they go some way towards filling in the background picture. It is against these contemporary social patterns that future housing policies have to be matched.

Selection of Tenants.

Selection of tenants for Council houses is done by a system which consists of an initial application form renewed every nine months, and then the facts are checked when houses become available in the District required. A sub-committee chooses the tenants with the help of the local Councillors. The system seems to work reasonably satisfactorily.

The selection of tenants for rehousing under your slum clearance programme is a difficult task, but steady progress is being made. They often have very mixed reasons for wanting to get out or wanting to stay.

The Housing Department made a particularly interesting and valuable analysis of the basic reasons why people applied to your Council for a house. It is a striking social commentary on our times that half these people simply want to set up a home of their own with as much privacy and sense of security as they can. Living with in-laws seems to cause the most heartburning.

It is also rather ironic that the number of people in houses too small for them is almost balanced by those whose houses are too big. Of course, the remedy of a straight swap is usually too difficult to arrange in a wide rural district. But I often wonder if our Council could not do more to encourage a bit of voluntary reshuffling from time to time, both inside and outside the Council housing estates, and perhaps even with Kendal Borough and Windermere.

The small number of outstanding cases with medical reasons is a tribute to the sympathetic way your Council have dealt with these difficulties in the past. I realise that some of them are hard to remedy, particularly where a cripple or someone with a bad heart needs a bungalow or ground-floor flat in some reasonably level part of the District. I, and the people concerned, are grateful for the measure of priority that can sometimes be given to help.

Housing Management.

Your Council owned 840 occupied houses at the year end, and housing management in the District is under the control of the Chief Public Health Inspector and Building Surveyor, an arrangement which is most satisfactory; it ensures that unsatisfactorily housed families, who are either in substandard dwellings or grossly overcrowded are not overlooked.

A modest start was made in providing direct labour for maintenance. Some of your Council's staff have been engaged on repairs, bricklaying, masonry, plastering and slating. The open spaces on your housing estates are difficult to maintain with the present staff and you may need to provide more help in the future. The rents of your Council houses vary from 11/9d. to 26/- per week, exclusive of rates, and the rateable values are between £23 and £66.

The examination of rentals and rates may not seem at first to have much to do with public health, but it does have considerable significance. It is not unknown for people who have been rehoused from poor quarters into modern Council houses to have to pay their rents and rates from the portion of their income which rightly belongs to the purchase of food. Domestic economy can effect the general standard of the public health almost as much as environmental condi-

ions, and some attempt must be made to maintain a balance between these conflicting factors.

Verminous Houses.

Public Health Act, 1936. Sections 83-85.

Three cases required action during the year.

Housing Nuisances and Notices.

Public Health Act, 1936. Sections 91-100.

During the year the following action was taken: 78 preliminary notices were served. In no case was it necessary to seek an Abatement Order from the Court.

Dangerous Buildings.

Public Health Act, 1936. Section 58.

Action was taken during the year in two cases.

Caravans.

Caravan Sites and Control of Development Act, 1960.

1961 saw the real commencement of operating the excellent legislation for controlling caravan sites. We were able to work in harmonious and efficient co-operation with both Westmorland County Planning Authority and the Lake District Planning Board for their respective areas within your Rural District. The result of that amicable combination of powers was the adoption of a very high standard of requirements for the siting, equipping, and management of caravan sites.

I am confident that this method of setting off on the right foot will be to the ultimate benefit of all caravan users, the operators of the sites, and above all to our local residents in the District. We cannot be too careful about safeguarding the public health from the risks inherent in caravan sites. The operators have appreciated the point: there has not been one single appeal to the Courts against the stringent conditions which your Council attached to the site licences.

By the end of the year 86 caravan site licences were in force. They covered a maximum total number of 901 caravans permitted on the sites, usually with seasonal restriction to between 1st March and 31st October in each year. There were also licences for 19 caravans for permanent habitation, a practice which we discourage unless there are very special reasons for such a substandard choice or necessity.

We still feel the lack of sufficient overnight stopping-sites for touring caravans. With our District on the fringe of the National Park, and lying on the main traffic routes which our visitors use, we have

to suffer a lot of mess and risk of disease from caravanners who stop overnight on our highway laybys. These places get very fouled for most of the summer.

Your Council and the Lake District Planning Board and the Westmorland County Planning Authority all are discussing the possibility of encouraging the establishing of proper overnight halt-sites for caravans near the main highways leading to the Lake District, and perhaps those leading to Scotland. Various sites have been examined, but so far the idea has not appealed to many local potential operators. Overnight stopping-sites are just not a commercial proposition, unless a more regular income can be gained from long-stay caravans on the same site. Nobody seems to love the overnight caravanner, so he is forced to go making the mess he does; and we have to live with it.

Tents, Sheds and Moveable Dwellings.

Public Health Act, 1936. Sections 268-269.

At the year end there was one licence in force for 30 tents under the Public Health Act. This type of licence now covers tented camp sites.

A few other unlicensed camping sites are scattered throughout the area, and some nuisance arises from casual campers' improvised sanitary arrangements and refuse disposal. Water is taken from polluted becks at their own risk.

As this District is in or on the fringe of the National Park, it is most desirable that strict but unobtrusive supervision should be exercised over camping sites, to ensure that the natural beauty of the country is not despoiled by the careless few.

With the improvement of caravan sites, there are occasional opportunities for tents to be allowed on the land as well. Provision has been made on three of our larger caravan sites for 52 tents, but on the whole these different patterns of life do not mix very happily: they seem better kept separate.

The itinerant gypsy folk cause periodical difficulties near the Devil's Bridge at Kirkby Lonsdale. They establish a variety of movable dwellings there for part of the summer, and they bring with them some inevitable extra risk to the public health.

There are signs of a growing tendency for Army Cadet units to come to this District for green-fields camps and adventure training. These camps are usually well organised, and our departments are glad to co-operate with the Services to safeguard the health of all concerned.

A more permanent seasonal camping area for Girl Guides is being established at Lindeth on your western boundary. I welcome this development because Girl Guides and Boy Scouts have always kept up the highest traditions of camping conduct, and they set a fine example to other people.

WATER SUPPLIES.

South Westmorland Rural District is fairly well watered as far as quantity is concerned. About 83% of the houses are now connected to some public water main. The remaining 17% have to rely on individual private systems from wells, springs, becks, and stored rain-water, which may not always yield as much water as the users would like.

Since 1962 most of the public water supplies have been under the control of the Lakes and Lune Water Board. The principal source is upland surface water from the Lupton reservoirs, from which the distribution mains extend into 19 parishes in the southerly parts of our District. There are also eight other smaller public local sources from springs, gravel beds, and upland catchments, besides some supplementary bulk supplies abstracted from the Thirlmere and Haweswater aqueducts of Manchester Corporation Waterworks.

The quality of the public water supplies is generally fairly good, although I have never felt entirely happy about some of them. Some representative test results are set out in the Appendix to this report. Grayrigg, Barbon, Casterton and Garth Row present the most frequent lapses from an acceptable standard. The natural fluoride content of all the public supplies is very low, and no artificial fluoridation is practised.

In the years before 1962 your Council were the statutory water undertakers in control of those supplies, and, as your Medical Officer of Health, I had long experience of personally keeping an eye on the safeguarding of all the gathering-grounds against potentially dangerous pollution, and I was also personally much involved with the public health aspects of the treatment and distribution of your Council's public water supplies.

With the formation of the Lakes and Lune Water Board in 1962 I had to withdraw to a more detached position. My official concern is now to check that the public water supply which is sold to the taps in consumers' homes is fit for drinking and catering purposes.

Until such time as the Lakes and Lune Water Board may provide their own medical supervision for safeguarding the production and processing of their supplies, I am continuing to lend an unofficial hand from time to time, but the new arrangement leaves the public health somewhat more at risk than hitherto. I suppose that longer established Water Boards in other parts of England have found an answer to this problem: it may simply be a transitional one up here in Westmorland.

I have been most grateful for the co-operative spirit and willing help of the Engineer-Manager of the Lakes and Lune Water Board and his staff in dealing with the day-to-day questions which affect the public health. Even if our respective authorities seem likely to differ on water supply policies in the rural areas, this early establishment of good personal relations should help to find ways of smooth working towards our common aim of bringing sufficient safe water into the homes of the folk who live in our District.

We shall also continue the excellent liaison with the local officers of the Ministry of Agriculture, Fisheries and Food, for the joint investigations and assessment of applications for grant-aided farm water supply schemes. I have been most grateful for the long-standing co-operation of the Ministry's Regional Advisory Bacteriologist and the other staff at the Regional Headquarters in Newcastle upon Tyne. It enables us to co-ordinate the safeguards to the public health as well as the agricultural interests.

The quality of the private water supplies to about a thousand houses in South Westmorland is quite another problem. I suspect that many of them are unsatisfactory from time to time, particularly when wet weather affects their surface catchments and shallow wells. They are also vulnerable to foul drainage from new building developments uphill when private rights do not afford them full protection. I can do no more than warn the users that they drink the water at their own risk, have it tested for safety at suitable intervals, and boil it if they are still in doubt.

The best that can be said about many of these private water systems is that the residents get acclimatized to drinking the stuff, and only their visitors suffer. Human gastric juice is an amazingly good disinfectant, but my professional attention is occasionally drawn to the more dramatic episodes of illness from contaminated private water systems. As our District gets more built up, I feel some disquiet about the public health safety of many of these do-it-yourself water schemes. The only real remedy is to foster the continued extension of the public water mains.

PUBLIC WATER SUPPLY DISTRIBUTION.

Year ended 31st December, 1963.

Parish	Houses	Public Supply		Organised Private Supply		Other Private Supply	
		Laid on	Not Laid on	Laid on	Not Laid on	Laid on	Not Laid on
Arnside	649	645	—	—	—	4	—
Barbon	90	71	—	—	—	17	2
Beetham	416	411	—	—	—	4	1
Burton	241	240	—	—	—	1	—
Casterton	76	63	—	—	—	13	—
Crook	131	—	—	—	—	127	4
Crosthwaite	187	100	—	—	—	79	8
Dalton	26	24	—	—	—	2	—
Dillicar	25	—	—	—	—	14	11
Docker	13	—	—	—	—	12	1
Fawcett Forest..	13	—	—	—	—	13	—
Firbank	31	—	—	—	—	28	3
Grayrigg	56	35	—	—	—	19	2
Helsington	87	67	—	—	—	20	—
Heversham	156	156	—	—	—	—	—
Hincaster	44	41	—	—	—	3	—
Holme	230	229	—	—	—	—	1
Hugill	144	113	—	—	—	31	—
Hutton Roof....	56	46	—	—	—	9	1
Kentmere	39	—	—	—	—	38	1
Killington	41	—	—	—	—	40	1
Kirkby Lonsdale	510	447	—	50	—	13	—
Lambrigg	28	2	—	—	—	24	2
Levens	300	297	1	—	—	2	—
Longsleddale....	28	—	—	—	—	28	—
Lupton	55	45	—	—	—	10	—
Mansergh	38	—	—	18	—	20	—
Meathop	44	38	—	6	—	—	—
Middleton	42	—	—	—	—	42	—
Milnthorpe	564	563	—	—	—	1	—
Natland	129	129	—	—	—	—	—
Nether Staveley	224	199	—	—	—	25	—
New Hutton	57	21	—	—	—	36	—
Old Hutton	82	53	—	—	—	29	—
Over Staveley ..	180	161	—	—	—	19	—
Patton	17	—	—	—	—	17	—
Preston Patrick	124	106	—	—	—	18	—
Preston Richard	253	246	—	—	—	7	—
Scalthwaiterigg..	38	—	—	27	—	11	—
Sedgwick	53	51	—	—	—	—	2
Skelsmergh	76	35	—	—	—	41	—
Stainton	105	94	—	—	—	11	—
Strickland Ketel	361	—	—	303	—	48	10
Strickland Roger	82	—	—	59	—	22	1
Underbarrow ..	105	42	—	—	—	61	2
Whinfell	22	—	—	—	—	21	1
Whitwell & Selside	48	16	—	—	—	31	1
Witherslack	136	83	—	—	—	49	4
	6452	4869	1	463	—	1060	59

General Distribution.

The Minister requires me to state the number of houses and population in each of your parishes with water laid on and with water available from standpipes. The figures are set out in the table on an adjacent page.

The Special Case of Whinfell Parish.

The 1962 Typhoid Fever outbreak on one of the farms at Whinfell led to an extensive investigation of local private water supplies derived from a certain limestone formation in that area. It was found that the rock was riddled with underground channels, and that foul drainage from many farms and houses uphill was jeopardizing the safety of the springs lower down. A group of other milk-producing farms relied on these springs for their only water supplies. The risks to public health were thus very serious.

The only practicable remedy was to replace all the potentially dangerous water systems with a safe supply. Your Council joined with the Ministry of Agriculture, Fisheries and Food, and the farmers concerned, to urge the new Lakes and Lune Water Board to extend one of the adjacent public water mains into Whinfell. The Water Board resisted this request because the proposal seemed unlikely to pay its way with water rates or meter charges. The farmers were left with the dilemma of developing their own alternative private water schemes or going out of milk production.

By the end of 1963 this deadlock resulted in the Minister of Agriculture convening a Tribunal to consider cancelling the milk registrations of all the affected producers. I was sorry that the typhoid story and all its consequential scares and worries had to be dragged out in front of the public and the press, but the legal machinery had to grind along its set course towards the inevitable result which was announced early in the following year.

In anticipation that the Minister would cancel the milk registrations on the affected farms, we spent a lot of time with the Water Supplies staff of his Ministry, and the National Farmers' Union, to evolve various alternative private group schemes for a safer water supply in the Whinfell area. It seemed a practical proposition to collect water from the fellside high above the dangerous limestone. At the year end the farmers were all thinking out how best to solve their individual difficulties.

Apart from its epidemiological interest with typhoid fever germs

being likely to be carried by water in underground channels, the Whinfell story formed an opening chapter in the records of the newly-formed Water Board. In the old days your Council would have been both the water undertakers and the public health authority, and I think that you might have been swayed more by considerations of safeguarding the public health, before turning down, on financial grounds, the extension of the public water main to serve so many milk-producing farms.

I think that your Council would have taken a wider and more liberal view by realizing that it was not just a question of eight or nine milk-producing farms and a few private houses involved in the typhoid risks of Whinfell. There is a whole three-mile stretch of farmland, between the A6 road at Selside and the village of Grayrigg, where most of the private water supplies are rather poor. Grayrigg itself has a turbid and almost undrinkable public supply in wet times. It would have brought great public health benefit to have solved all these troubles by extending a proper public water main supply from the Haweswater aqueduct into the Whinfell and Grayrigg area. I think it will have come some day.

Whether public water supplies should be regarded as primarily a commercial undertaking or a public service is perhaps a political question. All I can say, as Medical Officer of Health, is that it would bode ill for our hopes of improving the safety of the water supplies and sanitation in many of our rural areas if extensions of the public water mains should be ruled too much by cost accountancy. It would lose sight of all the public health achievements which have happened since the removal of the handle of the Broad Street pump.

It is not long since we emerged from a ten years' battle with the Electricity Board on a somewhat similar campaign on the economics of rural electrification. It was established then that the comforts and decencies of modern services can be brought into the countryside only by some element of subsidising by the urban areas where the fat profits are made. Water may perhaps be undervalued by the consumers. For a few pence per ton it is delivered direct into their houses. Nevertheless, it is a vital commodity for preserving the public health. With typhoid fever lurking around our District, I can only hope that Whinfell will not be a precedent for our future co-existence with the new Water Boards.

SEWERAGE DISPOSAL.

The safe disposal of human sewage and other foul drainage has been recognized for thousands of years as one of the most important ways of protecting the public health. It is still particularly true today in our rural areas, with typhoid and paratyphoid fevers, salmonella and dysentery infections, and many primitive insanitary practices never far from the local scene.

South Westmorland Rural District is served by 19 separate public sewer systems and disposal works which deal with the foul drainage from the villages and more populated parts of about a dozen parishes. The remainder of the District has to rely upon individual septic tanks, cesspools, or drainage into watercourses, and some of the more remote houses still retain privies, pails and earth-closets.

Since the end of the war in 1945 your Council has pursued a progressive policy for extending the public sewerage systems to cope with the expanding development round most of our villages, and to improve or replace the existing sewage disposals works which were overloaded or worn out. Somewhat slower has been the bringing of organized public sewerage systems to villages and hamlets where more primitive conditions were becoming too dangerous.

Even so, there will probably always be some settlements which cannot easily be linked up to the sewers of a larger place, and which do not justify a full-scale system of their own. Many of these can be safely served by group septic tanks where the soil is suitable for absorption of the effluent. Isolated houses must perforce depend on some such individual method of dealing with their foul drainage.

I am indebted to the Engineer for most of the facts set out in the sections of my report on sewage and public cleansing. I also record my appreciation of all his help and co-operation throughout the year.

Sewage Disposal Methods and Works.

Public Health Act, 1936. Section 15.

Seven out of the 19 public sewage disposal works do not merit much special comment in this year's report. The two pre-war installations at Endmoor and Heversham are still coping with their loads in a fairly reasonable way, although farm effluents occasionally cause some difficulties at the Heversham works. The other five post-war installations have been functioning satisfactorily at Bowston, Casterton, Crooklands, Grayrigg and Levens. I was particularly glad to see the end of the previous insanitary conditions at both Grayrigg and Levens when the new disposal works were completed. The Levens plant was opened in 1963.

The remaining 12 existing public sewage disposal works each merit some more detailed mention because something will need to be done about them in the near future.

Whasset.

This old small disposal plant is now in the process of being abolished. The sewage from this area will be pumped on to the main disposal works at Milnthorpe.

Kirkby Lonsdale.

A scheme for the complete reconstruction of this ancient plant was examined by the Minister at an Inquiry held during 1963. It is hoped that the scheme may go to tender in 1964. It will be a very welcome improvement.

Milnthorpe.

It is proposed that the post-war sewage disposal works at Milnthorpe should be enlarged to deal with all the sewage from the Storth and Carr Bank areas. This was your Council's original wish, but it had to be omitted under the financial restrictions of those times.

Subsequently it was thought that the insanitary cesspools of the Carr Bank area might be remedied by the extension of the Arnside sewerage system, but it has been proved more satisfactory to revert to the original idea of pumping the sewage back to Milnthorpe.

In any case the Milnthorpe works have some claim in their own right to further improvements and enlargement to cope with all the extra local developments of recent years. So it seems a good idea to solve the longstanding difficulties of Carr Bank and Storth at the same time. It is hoped that the scheme may be ready in 1964 or 1965 for submission to the Minister for approval to go to tender.

Storth.

Consequent upon the policy decision to take Carr Bank sewage to Milnthorpe, it then became practicable to formulate a scheme for picking up the sewage from Storth on the way, and thus we hope to abolish the rather poor old sewage tank on the shore of the estuary at St. John's Cross.

Arnside.

The existing sewage disposal arrangements are worn out and outmoded. The plant consists of a tank on the shore, fed by a sewer with

a very poor fall, and embarrassed by tidal flooding. The effluent is discharged into the estuary and is often very bad. The sludge is pumped up to an old quarry at New Barns.

Your Council are planning to replace these obsolete disposal works with an entirely new layout further down the coast. The project had been marking time until a decision had been made about the practicability of adding Carr Bank to its load. Now we know that it will serve only Arnside, so the plans can go ahead into detailed design.

Burton.

The sewers are apt to become surcharged with storm-water, and the disposal works are becoming overloaded with the extra sewage load from various recent building developments in the area.

In its own existing right the village of Burton merits an enlargement and partial reconstruction of its sewage disposal works, but a most important new development has recently been disclosed. It seems possible that the Ministry of Transport may construct one of the large Service Areas for the new M6 Motorway on a site nearby.

Such a project would call for special extra drainage facilities for all the sewage and trade waste from the lavatories, catering premises, and garages of the Service Area. The present Burton sewage works could not cope with the load, so it would seem a sensible course to think now in terms of a complete reconstruction of the plant to serve both the needs of the Service Area and the Village, including all the anticipated extra development. It may well be that the Burton scheme will have to be raised in priority to keep pace with the construction of the Motorway.

Holme.

These works need reconstruction or replacement, but it seems possible that the sewage from Holme might be dealt with at any new plant to be built for Burton. The effect of the new M6 Motorway cannot yet be fully assessed. We shall have to mark time for a while and think out what best to do next.

Sedgwick.

This obsolete plant is almost worn out. It cannot cope with the developments in the locality. When the time comes to make plans for its replacement, the practicability of adding the Natland area might be worth exploring.

For many years Natland has been on the brink of being awarded a public sewerage system and disposal works of its own. There has been a lot of recent development around the village, and the individual sewage disposal systems will only build up troubles for the future. Natland deserves something much better.

Consequently it might be a more sensible idea to provide a joint remedy for the neighbouring problems of Natland and Sedgwick, by collecting all the foul drainage from both places and treating it more safely in one centralized disposal works.

Beetham.

Although this post-war plant can still cope with existing flows, it has recently accepted extra sewage from the paper mill, and a lot of development seems to be taking place further up at Slackhead. If the individual septic tanks for these properties give trouble and the public sewer has to be extended, the disposal works will risk being overloaded. At the moment we can afford to wait and see.

Hutton Roof.

The existing small sewage tank is now obsolete. The effluent is poor, and the Rivers' Board grumble about its continuing decay. One day we shall have to do something about it.

Meathop.

Farm effluent seems to be the cause of most of our troubles with this little system. Meathop Sanatorium has partly closed down, and its future is uncertain. A policy of make and mend seems the best for the meantime.

Staveley.

The sewers are overburdened with a constant excess of infiltration water. This causes periodical difficulties with the storm-water overflows. The Rivers' Board are taking an increasingly jaundiced view of sewage sweeping out untreated. The remedy is not going to be easy with the Staveley system, but the disposal works cope satisfactorily with the solids that reach the plant.

Farm Drainage.

Your Council have been considering their policy and scale of charges for the acceptance of farm drainage effluents into the public sewerage systems. Such foul drainage is much stronger than ordinary domestic sewage, and it can cause great difficulties at our sewage disposal works.

Although there may be some heartburning over the scale of charges, it is possible that some farms will be asked to take their existing drainage out of our sewers, or in other cases they may be refused consent to make any new connections.

The Ministry of Agriculture seems to foster the principle that all organic farm wastes should be returned to the land as surface-dressing fertilizers, and the Rivers' Board are equally anxious to keep the pungent stuff out of the watercourses. We have no desire just to transport the farm effluents from one place to another and mess up our sewage disposal works in the process. So the discussions go on.

Future Programmes.

Although your Council would wish to plan their future programme as far ahead as possible, for all their sewage schemes and replacements, they are no longer the sole arbiters of deciding the relative priorities between the various projects, nor in full control of when they should be carried out. The Rivers' Board now have a significant say in these matters.

Under the Rivers (Prevention of Pollution) Act, 1961, your Council have to seek the consent of the Rivers' Board to continue existing discharges of effluent from the public sewage works. Conditions for the quality of these effluents will be imposed, probably according to the Royal Commission standards, and time-limits will be stipulated for achieving them.

It is quite obvious that some of our public sewage disposal works will require structural modifications or replacement to produce effluents of the required standard. It is equally certain that such demands will be reflected in the time limits to be imposed by the Rivers' Board. Therefore the list of relative priorities would seem to be best worked out in the closest collaboration with the Rivers' Board.

It would be unreasonable to accept the point of view that all priorities should be dictated by the Rivers' Board, and that the quality of existing effluents should be the sole criterion for shaping our future programme of improvements and extensions to the sewerage systems of our District. There are other public health factors to be taken into consideration, including the provision of sewerage to areas which have not yet been served.

My advice to all parties is that these matters should be periodically discussed with the Rivers' Board to take into account all the changing scenes and developments throughout our Rural District. In this way we may be able to formulate our future programmes to please as many people as possible.

Cesspool Emptying.

The Council were saved many difficulties by having the cesspool emptying vehicle with a mechanical pump to deal with the sewage plants on their housing estates.

If the volume of this work increases further, and anything like a full scale service has to be operated, consideration will need to be given in the near future for the provision of a vehicle specifically designed for the purpose. 255 visits were made to cesspools needing attention, many on your own Council housing estates.

The policy for running this service has always been rather pragmatic. Our attitude seems to have been that if private enterprise contractors care to take on the job we simply say good luck to them. But if no one else can be found to empty private sewage tanks, we tell the householders that we will try to fit the job in when we can and charge them what it costs us.

That may have been all right in the old days when there were not so many to do, and people were not so fussy about sewage lying around. I doubt whether it is really a satisfactory outlook nowadays. There are added risks to the public health from overflowing cesspools, particularly in summer-time and in the more frequented areas. The owners want to get their tanks emptied as much as we do, and I have every sympathy with them when they cannot find anyone to do the job at the time when they are ready.

Your Council have always done their best to oblige these private sewage tank owners, but I cannot help feeling that the time is coming when such activities ought to be better rationalized between private enterprise and your Council. The public health would be better safeguarded if this could be so.

The carrying out of all these duties, including the routine maintenance of the public sewage works, is becoming very difficult with the present staffing and vehicle resources, particularly in summertime when they have to be diverted to certain other maintenance jobs on the Council housing estates. Some remedy will have to be found soon.

Public Conveniences.

Public Health Act, 1936. Section 87.

Public conveniences are maintained in Arnside, Milnthorpe, Staveley and Kirkby Lonsdale. In all the conveniences constant supervision is required to deal with the public misuse to which they are subjected.

There is periodical agitation to secure a public convenience at Sand-side. Your Council is sympathetic to the need, but have not yet found

a way to overcome the local difficulties. It seems possible that Sand-side may be near one of the pumping stations on the line of the proposed Carr Bank to Milnthorpe sewer. If so, a public convenience might well be incorporated into the system.

A new public convenience was opened during the year near The Devil's Bridge at Kirkby Lonsdale, a popular halting place for motorists, campers and picnickers. The sewage is pumped back into the town sewer because it would have caused dangerous pollution near the bathing and paddling places in the River Lune.

Lavatories for Lay-bys.

I have become increasingly disquieted by the excremental pollution of the lands adjacent to most of the vehicle lay-bys on our main highway routes throughout Westmorland. In some places it is seriously jeopardizing the public health for the residents of the vicinity as well as for the travellers themselves.

The adequate signposting of existing public conveniences in our villages, and somewhere to park while visiting them, may need to be supplemented by advance notices in the intervening highway lay-bys to tell people where to find the next set. Some of our more popular lay-bys may soon justify having public conveniences of their own, perhaps of the simple chemical type, if their proper hygienic maintenance could be arranged.

But the fouling of our highway lay-bys goes further than passing travellers climbing over walls, or leaving a trail of putrescent picnic litter for the flies and the birds and the rats. A lot of our lay-bys on the approach roads to the Lake District National Park are used in summer for overnight or week-end settlement by caravans, cars, and all sorts of nomadic characters. The mess they leave behind has to be seen to be believed. I am doing my best to let it be seen on the nation's television screens, because this sort of behaviour is a national problem and not just the price of living in a National Park.

PUBLIC CLEANSING.

Refuse Collection.

Public Health Act, 1936. Section 72.

The refuse collection service covers all except the most outlying parishes in your District. In the more urbanised areas of the Kent and Lune valleys there is a weekly service. All pail-closets are also emptied weekly. Most of the remaining areas have a fortnightly collection.

Where regular collections are not economical, it has been possible for the refuse lorries to make an occasional tour along certain defined routes to collect from isolated hamlets and farms, after prior notice to the residents. Not only has this service been much appreciated, but it has reduced the casual indiscriminate dumping of refuse in roadside pits and quarries.

The ability of a large capacity waggon to clear a growing district has been clearly proved, together with the considerable advantage of dustless loading. The composition of refuse is changing, and it is now a problem of carrying bulk rather than weight.

Refuse Disposal.

Public Health Act, 1936. Section 76.

Disposal of the collected refuse is carried out at three sites in South Westmorland Rural District. Controlled tipping is our aim, but the occasional shortage of covering material makes it difficult. Much time has to be spent on the sites to keep them free from nuisance.

The main site at Slackhead in Beetham is the best tip in our area. It seems likely to last for about a further ten years. The second site at Staveley will probably be full in five or six years, and the third tip at Potts Hole, Kirkby Lonsdale, is almost full now.

We shall need to find a new tip site in the Lune Valley area, and it may be possible to use some old quarries at Hutton Roof where there is ample covering material in the spoil-heaps.

Kendal Borough has been exploring the future possibilities of establishing a large refuse tip for the joint use of Kendal and South Westmorland where centralized mechanical techniques could be economically shared by the two local authorities, who between them have to cope with the refuse from a combined population of over 30,000 people. I think that the idea is acceptable in principle to all parties for their future needs, but finding a site will be the hardest task.

Salvage of Waste Material.

Salvage is not done because there is no sale for the material.

Street Cleansing.

Public Health Act, 1936. Section 77.

In the few areas where street cleansing is undertaken by your Council the streets are well maintained. The County Council undertake the remainder and maintain a similarly high standard.

FOOD HYGIENE

General Powers.

Food and Drugs Act, 1955.

Your Council bear most of the statutory responsibility for safeguarding the public from foodborne disease. The main aim is directed towards securing proper and hygienic conditions for the manufacture, preparation and sale of food. The secondary aim is to trace and localise any outbreaks of disease which may occur in spite of preventive measures.

Precautions against Contamination.

Food Hygiene Regulations, 1960.

Food and Drugs Act, 1955. Section 13-15.

Food hygiene is steadily improving throughout your area. Public opinion is well ahead of the law and most traders are aware of the fact. The good food trader does not need official instruction in basic cleanliness or the enforcement of legal minimum standards. He may welcome advice on technical problems, but his aim is how high he can get, not how low he can get away with.

The responsibility for safe food does not rest entirely with the trader as the housewife must play her part as well. Quite a lot of strange things happen to food between the shop counter and the dinner-plate, and the educational campaign has had to be carried into the home. Foodborne diseases, mild dysenteries and attacks of diarrhoea and vomiting are not infrequent in our homes and among our visitors. I am confident that higher standards will reduce these preventable diseases.

Ice-Cream Trade.

Food and Drugs Act, 1955. Section 16.

Ice-Cream (Heat Treatment, etc.) Regulations, 1947.

The following premises were registered under Section 16 of the Food and Drugs Act, 1955:—

Manufacture by cold mix, storage and sale	...	...	4
Storage and sale only	...	...	76

Prepared Meats.

Food and Drugs Act, 1955. Section 16.

The number of premises on the Register for the preparation of sausages, potted meat, preserved meat and pickled foods was 13.

Milk Registrations.

Milk and Dairies Regulations, 1959.

At the year end there were 21 registered distributors and three registered dairies which were not dairy farms. No particular difficulties were met, and milk-round vehicles were generally maintained in good condition.

Pathogenic Organisms in Milk.

Food and Drugs Act, 1955.

Routine biological and other test results on samples taken by various Authorities, from sources in our area, continued to be passed to me. With the eradication of bovine tuberculosis it seems likely that the next milkborne disease to be tackled will be brucellosis. I believe that many human cases go unrecognised.

During the year one formal notice was served restricting activities in milk handling, under the Milk and Dairies (General) Regulations, because of association with cases of infectious disease.

Slaughterhouses.

Food and Drugs Act, 1955. Part IV.

Slaughterhouses Act, 1958.

Slaughter of Animals Act, 1958.

Most of your District relies upon the public abattoir in Kendal, but your Council granted one licence for a private slaughterhouse in Kirkby Lonsdale to serve the Lune Valley areas.

Three persons are licensed slaughtermen in your District.

Condemnation of Other Foods.

Food and Drugs Act, 1955.

The following foodstuffs were condemned during the year:—

Tomato Purée	...	...	...	6,872 lbs.
Pork Luncheon Meat	...	...	...	16 "
Ham and Tongue	...	...	...	3 "
Pineapple Concentrate	...	...	...	42 "

One emergency slaughtered sow on a farm.

Method of Disposal of Condemned Food.

The Minister of Health requires me to describe the current methods for the disposal of condemned food. In this District it is by burial at Slackhead tip.

Condemnation of Meat at the Abattoir.

Food and Drugs Act, 1955.

The following is a summary of the carcasses inspected and condemned in whole or in part:—

	Cattle including Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known)	232	1	464	98
Number inspected ..	232	1	464	98
<i>All diseases except Tuberculosis and Cysticerci:</i>				
Whole carcasses condemned	—	—	—	1
Carcasses of which some part or organ was condemned	10	—	3	1
Percentage of number inspected affected with disease other than tuberculosis and cysticerci	4.3	—	.64%	2%
<i>Tuberculosis only:</i>				
Whole carcasses condemned	—	—	—	—
Carcasses of which some part or organ was condemned	—	—	—	2
Percentage of number inspected affected with tuberculosis ..	—	—	—	2 0/10
<i>Cysticercosis:</i>				
Carcasses of which some part or organ was condemned	21	—	—	—
Carcasses submitted to treatment by refrigeration	9	—	—	—
Generalised and totally condemned	—	—	—	—

GENERAL INSPECTIONS.

Your Council employs one Chief Public Health Inspector and two additional Inspectors, one of whom is part-time with seven sessions per week. The salary is apportioned between the public health inspection duties and the other duties in a proportion approved by the Minister of Health.

The duties connected with building inspections, housing management and planning legislation have been progressively increasing in recent years.

Summary of Inspections carried out during the year.

Inspections of building works including drainage	...	...	2,687
Visits and inspections re Improvement Grants	...	...	581
Inspections under the Housing and Public Health Acts	...	...	491
Visits re Housing Management, tenancies, etc.	...	...	418
Visits and inspection re caravans and caravan sites	...	...	265
Slaughterhouse inspections	...	...	97
Inspections of food-preparing premises	...	...	95
Inspections re temporary buildings	...	...	95
Visits and enquiries re infectious diseases	...	...	81
Visits and inspections re sanitary accommodation, pails, privies and privy middens	...	...	84
Complaints received	...	...	63
Inspections re dilapidated and dangerous buildings	...	...	50
Visits re means of sewage disposal — existing	...	...	28
Inspections and visits to factories	...	...	19
Street lighting	...	...	15
Inspections and visits re unfenced quarries, etc.	...	...	9
Naming and numbering of streets	...	...	4
Pests	...	...	3
Clean Air Act	...	...	2
Offices and shops	...	...	2
Outworkers	...	...	1

Offensive Trades.

Public Health Act, 1936. Section 107.

There are no offensive trades in the District.

Factories.

Factories Act, 1961.

There are 85 factories on the Register. 19 inspections were made and no written notices were served. No references were made to H.M. Inspector and none were received from him. No prosecutions were required.

One outworker was notified to your Council by factory owners, and I have no official knowledge of any cases of default in this respect.

There are no basement bakehouses in the District.

The register of factories has been completely revised and cross-checking with H.M. Inspector carried out.

H.M. Inspector of Factories has been sent details of your Rural District's administration of the relevant sections of Parts I and VIII of the Factories Act, 1961.

Special advice was given during the year to a large food factory in your District. The private water supply, cooling techniques for canned products, and the foul drainage are being kept under review.

Factory Inspections.

Premises.	Number of Premises.	Number of		
		Inspec- tions.	Written Notices.	Occupiers prosecuted.
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ..	2	—	—	—
Factories not included in (1), in which Section 7 is enforced by Local Authority	83	19	—	—
Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	—	—	—	—
Total	85	19	—	—

No defects were found.

Shops Act, 1950.

Two visits were made under the Shops Act for the supervision of sanitary accommodation, washing facilities, and the maintenance of suitable temperatures.

Common Lodging Houses.

Public Health Act, 1936. Part IX.

There are no common lodging houses in your District.

Pests Act, 1949.

Your District is covered by the South Westmorland Joint Pest Control Board. Regular visits are made to your refuse tips and sewers as well as to scores of private properties in your District. I look upon the systematic destruction of rats and mice as a very helpful contribution towards safeguarding the public from all sorts of unpleasant diseases carried by those animals.

Rent Restriction Acts.

No action was taken during the year and no rent book entries were reported to be irregular.

No disrepair certificates were issued during the year.

Smoke Abatement.

Clean Air Act, 1956.

Informal action was taken in one case.

Rag Flock Act, 1951.

There is one registration.

Swimming Baths.

There are no artificial public swimming baths, but many places on the rivers and tarns and the Kent Estuary are used at the bathers' own risks.

Public Mortuary and Post-mortem Rooms.

Public Health Act, 1936. Section 198.

Your Council do not provide any public mortuaries or post-mortem rooms in the Rural District. Adequate facilities are available at the Westmorland County Hospital in Kendal by arrangement.

Burials.

National Assistance Act, 1946.

The body of a man found dead in a wood at Storth was buried by your Council following a Coroner's Inquest and no one claiming the remains.

Compulsory Removals.

National Assistance Act, 1946. Section 47.

It was not necessary during the year to deal with any cases requiring removal but two were under observation.

Such cases are extremely distressing to deal with and the course of compulsory removal is reserved to meet the emergencies of a last resort when all other methods of help have failed. Sometimes it is very hard to decide what is really in the best interests of the patient.

A special conference was held during 1961 with the Welfare Authority to see what more could be done to prevent people from getting into such difficulties. Home-help services, hostels, and partial dependency schemes may meet some of the problems. I hope that the harsh step of compulsory removal will be less needed as time goes by. It is so often tantamount to a death warrant.

Laboratory Service.

National Health Service Act, 1946. Section 17.

The Public Health Laboratory Services at Preston and Carlisle provide the necessary facilities for most of our public health investigations. But they are rather far away.

We are most grateful for the continued occasional help we still receive from the Kendal Hospital Laboratory for more urgent needs on the spot.

Byelaws.

Byelaws on public health matters are in force for :—

- Buildings.
- New Streets
- Drainage of existing buildings.
- Slaughterhouses.
- Tents, Vans and Sheds.
- Food handling.

APPENDIX. **Laboratory Examination of Public Water Supplies.**

Nature of Test.	Stand- dards Max.	Barbon	Burne- side	Caster- ton	Garth Row	Gray- rigg	Kirkby Lonsdale	Lupton Raw	Lupton Treated	Staveley	Garnett Bridge
Pr. Coli count 37° Faecal coli/strep Date sampled last	3-10	0 12/11/63	0 3/5/62	0 12/11/63	0 4/5/63	3 30/1/63	0 12/11/63	30 15/1/62	0 12/11/63	0 19/12/63	0 8/12/63
Character	—	Clear	Clear	Clear	Slightly Hazy	Clear	Clear	Slightly Yellow	Clear	Clear	Clear
Reaction	—	7.0	7.0 Less than	7.2	7.0	7.8	6.6	7.0 Less than	7.4	8.2	8.4
Ammonical N.	.041	.01	.02	.01	.02	.01	.01	.02	.01	.02	.045
Albuminoid N.	.066	.01	.02	.01	.03	.03	.01	.28	.04	.03	.075
Total Solids.	1000	45	27	60	98	60	80	110	30	30	84
Hard- { Total	300	105	19	110	40	85	125	34	95	110	14
ness { Carbonate	—	55	8	45	3	40	55	5	35	80	0
Non-Carb.	—	50	11	65	37	45	65	29	60	30	14
Chlorides	30	12	5	11	5	12	12	8.5	14	9	6
Nitrates	1.0	.6	—	.2	—	.1	.3	—	—	.1	—
Nitrites	—	—	—	—	—	—	—	—	—	—	—
O2 Absorbed	1.0	.05	.5	.5	.56	3.0	.1	2.12	1.15	.05	1.06
Heavy Metals	—	—	n/a	—	n/a	—	—	n/a	—	—	—
Rainfall, 24 hours	—	Nil	Nil	Nil	Nil	Nil	Nil	Nil	.01"	Nil	Nil
Date Sampled	—	18/10/62	19/6/61	18/10/62	3/7/61	20/11/62	24/1/63	17/7/61	6/11/62	6/12/62	8/12/53
Laboratory	—	Lancaster	Carlisle	Lancaster	Carlisle	Lancaster	Lancaster	Carlisle	Lancaster	Lancaster	Carlisle

Chemical analyses are expressed in parts per million.

